

Waterloo Minor Soccer Club Injury Report Form



Player Name: _____ Phone Number: (____) _____
 Gender Male Female Date of Birth: __/__/__ Today's Date: __/__/__ Time: __: __ am/pm (MST)
 Event: Game Practice Location: _____ Team: _____
 Team Official Present: Coach/Manager/Assistant Coach (MST)

TYPE OF ACTIVITY AT TIME OF INJURY

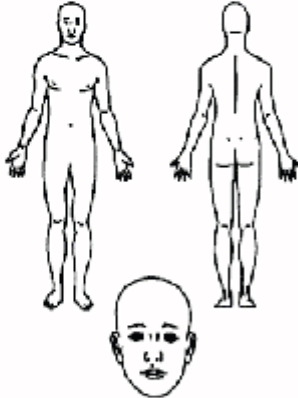
- Training
- Warm-up
- Competition
- Cool-down
- Other: _____

INJURY STATUS

- New injury
- Aggravated injury
- Recurrent Injury
- Illness
- Other _____

BODY PARTS INJURED

Circle and Name



NATURE OF INJURY/ILLNESS

- Bruise/contusion
- Cardiac problem
- Cold/flu
- Concussion
- Dislocation/subluxation
- Fracture (including suspected)
- Inflammation/swelling
- Loss of consciousness
- Overuse injury
- Respiratory problem
- Skin injury
- Sprain (ie: Ligament tear)
- Strain (ie: Muscle tear)
- Unspecified medical condition
- Other _____

SUSPECTED CAUSE OF INJURY

- Collision with fixed object
- Collision with other player
- Fall from height/awkward landing
- Jumping to shoot or defend
- Overexertion
- Overuse
- Slip/trip/fall/stumble
- Struck by ball/object
- Struck by other player
- Temperature related
- Other _____

EXPLAIN HOW THE INCIDENT OCCURRED

IN YOUR OPINION, WERE THERE ANY CONTRIBUTING FACTORS TO THE INCIDENT? *ie: unsuitable footwear, playing surface, equipment, foul play*

WAS PROTECTIVE EQUIPMENT WORN ON THE INJURED BODY PART? Yes No
If yes, what? (mouthguard, brace, etc)

INITIAL ATTENDANCE

- None given
- CPR
- Dressing
- Immobilization
- RICER
- Splint/sling
- Strapping/tapping
- Transport from field
- SCAT2
- Other _____

ADVICE GIVEN

- Unable to return at present
- Referred for further assessment before returning to activity
- Return to play with restriction

- Immediate return to activity

NOTICE

The injured person was advised that if the injury/illness does NOT improve in the following 24 hours they MUST seek further medical advice from their medical professional.

Yes No

Signature of Team Official:

X: _____

Date: __/__/__

Signature of Witness: (ie: Trainer, Parent)

X: _____

Date: __/__/__

Signature of Injured Person/Legal Guardian:

X: _____

Date: __/__/__